



W.L. Stephens Aquatic Center
780 W. Oak Forest Drive
Charleston, SC 29407
(843) 769-8261

Martin Luther King, Jr. Pool
155 Jackson Street
Charleston, SC 29403
(843) 724-7346

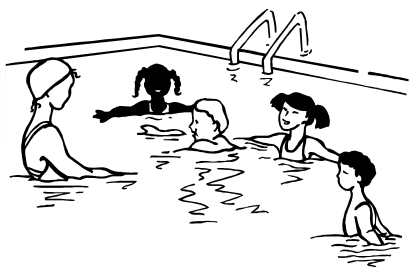
Herbert Hasell Pool
(Summer only)
265 Fishburne Street
Charleston, SC 29403
(843) 724-7344

James Island Pool
(Summer only)
1088 Quail Drive
Charleston, SC 29412
(843) 795-5756

For more information about our
Aquatics Program, please visit:

www.charleston-sc.gov

www.SwimSafeLowcountry.com



**City of Charleston
Department of Recreation**
823 Meeting Street, 2nd floor
Charleston, SC 29403
(843) 724-7327

Application for Swim Lessons

Receipt #: _____

Staff: _____

Participants Name: _____

Age: _____ Birthdate: _____

LOCATION (please check): ☐ WLS ☐ MLK ☐ HH ☐ JI

SESSION (please check):

Winter/Spring: ☐ I ☐ II ☐ III

Summer: ☐ I ☐ II ☐ III ☐ IV

Fall: ☐ I ☐ II

Class Time:

	<u>Class Requested</u>	<u>City Resident</u>	<u>Non-City Resident</u>
<input type="checkbox"/>	Water Babies (6 mos – 3 yrs)	\$15	\$25
<input type="checkbox"/>	Aqua Tots (Ages 4 – 5)	\$20	\$30
<input type="checkbox"/>	Funstroke I (Ages 6 & up)	\$20	\$30
<input type="checkbox"/>	Funstroke II (based on swim ability)	\$20	\$30
<input type="checkbox"/>	Stroke Masters (based on swim ability)	\$20	\$30
<input type="checkbox"/>	Adult (Never Too Late)	\$25	\$35

Parent/Guardian: _____

Address: _____
(Street) (City) (State) (Zip)

Phone (please include home/cell/work): _____

Email: _____

Please list any information that you feel the instructor should know (medication,
allergies, and/or health condition): _____

Have you ever participated in an Aquatic course before? ☐ Yes ☐ No

If so, when and where: _____

Emergency Contact Info: Name: _____

Phone (please include home/cell/work): _____

All participants must be registered and have insurance before they can be included in
class. ALL FEES ARE NON-REFUNDABLE.

☐ I want my child insured by the policy through the Department of Recreation.

☐ I have my own insurance coverage with _____.

I, the undersigned, do hereby assume responsibility for any accident, injury or death
that may result from participating in the City of Charleston's swimming program. I
understand there is risk of injury from participation, and I hereby release the City of
Charleston, South Carolina, Department of Recreation, their Agents, Servants and
Employees from suits of law, of whatsoever kind or nature.

Signature (Parent/Guardian) _____

Date _____